POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/678,502
	Filing Date	October 3, 2003
	First Named Inventor	Donna C. Billera
	Title	Telephony-Based Inventory Access System Especially Well Suited to Accessing of Inventories in the Travel Industry
	Art Unit	3627
	Examiner Name	TBA
	Attorney Docket Number	605508-000003

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 29858

OR

☐ Practitioner(s) named below:

Name	Registration Number
~~Amy Maker~~ DCB	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

☐ Firm or Individual Name	
Address	AcuFlight, Inc 1431 Ocean Avenue Suite #151b
City	Santa Monica State CA ZIP 90401
Country	USA
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
   Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Donna C. Billera	Date 02-07-08
Name	Donna C. Billera	Telephone 316-260-1348
Title and Company	Treasurer, Secretary	(917-887-4626

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.